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ABSTRACT

The paper reviews the interaction between a young child and the school environment in the development of emotional and behavior problems. Research on empathy development, the impact of the teacher-child relationship, and effects on self concept of social relationships with peers are considered. The origin and achievements of the Child and Family Mental Health Project, designed to promote social and coping skills as well as positive self concepts in Head Start project children are examined. General categories of emotional problems in preschool children are seen to include difficulty in impulse control, inordinately strong anxiety, poor social skills, and extreme withdrawal or depression. (CL)

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EMOTIONAL DEVELOPMENT AND DELAY

THE CHILD IN THE CONTEXT OF THE SCHOOL ENVIRONMENT

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Emotional Development and Delay:

The Child in the Context of the School Environment

Vicki Mitchell Pendleton, M.S.W.

The statement that development is a continuous process extending through the whole life span does not seem calculated to arouse controversy. But if one goes on to ask which segments of the span are most influential in shaping adult personality, argument springs into being.[1] To further intensify the argument, one only needs to ask about the persons and elements which contribute to the development of this emerging being.

Many theorists believe that we have passed through the period in history where the mother and child relationship was seen as a one way sequence of cause and effect: the mother's behavior and feelings were the cause; the child's behavior and feelings were the effect. Today, we find many thinking interactively, allowing that the child brings something to the relationship, and that before very long other members of the family begin to have some importance for the young child who will eventually become a member of a domestic social system with ramifying interactions. As Erikson puts it, "a baby's presence exerts a consistent and persistent domination over the outer and inner lives of every member of a household."[2] That same baby will develop and grow and in time exert a similiar but less intense domination over the lives of every member of a classroom environment, especially the teacher. It is in that environment that we wish to discuss the continuing emotional development of children.

As children enter the educational system we assume that they bring with them different backgrounds, experiences, skills, coping styles. But how often do we think of small children as bringing their emotions with them or, in fact, how often do we think of them as emotional beings? Yet, virtually everything that a child does has an emotional component. In early learning, in the processes of discovery and problem solving, there are emotional investments and reactions of a positive nature; and just as surely, there are painful emotions locked into learning failures.[3] Childrearing and education both involve significant emotional interchanges between adult and child, just as a child's life does among his peers. When behavior becomes "problem behavior", disordered or uncontrolled emotions are usually involved.

One of the expectations for the preschool child is that he will become less egocentric and more cognizant of the feelings and emotions of others around him. The National Institute for Mental Health was interested in examining empathy and feelings of compassion and altruism in children at this age. They were also interested in examining whether empathy was influenced by experiental factors. Empathy was defined by the investigators as the emotional arousal in response to another person's emotion. Empathy, it is assumed, is a basis for compassionate feelings and altruistic behaviors toward others, (e.g., acts of help, rescue, generosity, sympathy).

Using an experimental approach, the researchers measured the altruistic behaviors of more than a hundred 3 1/2 - 5 1/2 year olds by obtaining their response to a picture of a person in distress, (e.g., child falls out of swing or animals in distress) and to behavioral events of distress (teacher bumps her head). The children who showed little altruistic behavior became part of the experiment. The findings indicated that children who were trained simply

in words and symbols expressed generosity and helping only at the level of words and symbols, not in situations calling for actual behavior. The children whose training also included the caregiver's modeling of actual helpful and compassionate behavior to "victims" of distress and whose caregivers were nurturant toward them were the children whose own altruistic behavior increased markedly.[4]

In the school environment,it is the emotional and social interchanges and interactions between the teacher and the child and between the child and other children which provide opportunities for development of such things as empathy. Just as so much of the literature is now focusing on the interactional nature of the parent-child relationship, so must we think of the interactional nature of the teacher-child relationship. We must recognize that each brings very different things to the relationship, which may impact both positively and negatively during the course of the school experience.

A child's sense of competence and self esteem is strongly affected by his experiences in the family circle. A whole new arena opens, however, when the child ventures outside, particularly when he goes to school. Being at school and mingling with other children will bring new experiences which will impact on his sense of competence and self esteem. In the worlds of school and playground, the child finds an opportunity for a new deal as regards the estimation of competence. In the school room there are new tasks, new challenges to competence, and the realization that these tasks have ultimate significance in the grown-up world, which gives him as Erikson expressed it, "a token sense of participation in the world of adults."[5]

Perhaps one of the most profound changes for the preschool child entering the school environment is that he must become a member of another social group. He must join in play with other children, share, take turns and take some responsibility for his actions. In this setting he also is expected to recognize and verbalize his feelings, to substitute verbalizations for behaviors, to physically control his feelings and emotions, to find alternatives for certain behavior, to enter new situations, to obtain as well as accept help and support and to recognize the rights and feelings of others. Just as the child learns to negotiate his home environment, so he must learn to negotiate the school environment.

One of the potential problems many children experience early on in their effort to negotiate the school environment is their lack of ability to interpret the behaviors of different adults in their environment. This problem arises when the teacher and parents use very different styles in relating to the child. In the classroom one often sees children who have difficuty in discriminating and paying attention to the teachers' messages and cues, in particular those that relate to him. These are the children who will repeatedly ask if you are angry at them and what did they do wrong. The long "glaring" look that works for some children is not enough for this group.

It certainly appears that a great deal is being asked of a child entering this new setting. Some situations the child is competent at handling, others may be totally out of his repertoire of experiences. The degree to which he will be able to adapt successfully to the new environment will greatly depend on the insight, intelligence, flexibility, and objectivity of those who make up the early world of the child. It will also depend on their ability to more or less keep him free from his own emotional entanglements.[6]

It is held by a growing number of behavioral scientists that many of the emotional entanglements are acquired defects in social interactions and social participation.[7] If such is the case, then it would appear from an educational perspective that the social and emotional curriculum for the preschool age child would be of critical importance. However, one of the questions that ultimately arises is, just how deeply can you really deal with the emotional and social development of three, four and five year olds? Should it be a part of the formal curriculum, should it extend beyond the traditional teachings?

Head Start, which is a comprehensive child development program for 3-5 year olds, asked the same question and was concerned enough to fund a project which would look at the ways one could possibly promote and develop social and functional competencies , coping skills, and positive self concepts. This project is the Child and Family Mental Health Project which was funded in 1977 by the Office of Health and Human Services and is beginning its fourth year of operation in fourteen Head Start programs across the country. The CFMH Project reinforces the concept that a program for each child must be planned in such a way that it matches the abilities of the child, supports the child's self esteem through successful encounters with classroom tasks, and assists the child in developing coping skills.[8] An additional objective was to deliver services which would enhance the interactions between the child and the significant adults in the child's environment.

Looking at the child entering the classroom environment in an ecological context, the CFMH project focused on the degree of match between the teacher and the child. It recognized that just as parent and child experience problems because of different temperaments, activity levels, etc., so too might this present problems in the teacher-child relationship.

One of the more obvious problems is when the demands placed on the child do not match the level of development the child has achieved. Another potential problem is when the teacher is under so much stress that she is unable to respond to the needs of the classroom. The support which is provided through the CFMH project attempts to address the teacher's perceptions and expectations, before the child's functioning reaches the level at which it is identified as a problem by the teacher, and assistance is provided to develop an environment which is facilitative and supportive for the child and for the teacher.[9]

It is expected that as a result of the activities implemented as part of the CFMH project, children enrolled in the program will rate significantly higher than non participating children in the following categories: self esteem, classroom adjustment, peer relations, positive resources for coping with stress resulting from pain, anxiety, frustration or sudden loss, ability to cope and adjust to varying adult demands, empathy for the feelings of others, and adaptability in post Head Start settings.[10]

It would be a gross oversimplification to suggest that, if the environment is right and both child and teacher are in tune with one another, we will be free of problems. From time to time, regardless of how supportive the environment and how effectively we have planned a program, children will still experience problems. In the next section, some of the potential problems will be discussed.

Most children are emotionally disturbed from time to time during the course of growing up. Longitudinal studies reveal that a surprisingly large number of so-called normal children exhibit such disturbed behaviors as fearfulness, destructiveness, and hyperactivity (Mac Farlane, Allen and Honzik, 1955). But most of these children are never labeled "emotionally disturbed" because their problem behavior is moderate in degree, infrequent in occurrence and not definitely patterned. Just when a given child qualifies for such a label is often difficult to determine and is related to the setting in which he is being observed and the expectations of the observer. In essence "it makes a great difference whether we talk about the emotionally disturbed child or about behavior which obviously indicates a state of emotional disturbance."[11]

In the classroom, a child who is inattentive, withdrawn, or nonconforming to such a degree that he consistently fails to meet the expectations of the teacher and the school is a likely candidate for the label "emotionally disturbed."[12]

One could not begin to enumerate the variety of classifications and categorizations of emotional problems in preschool children. It appears that each writer develops his own way or organizing the behaviors and incorporates very little from those before him. However, when reviewing all of the different classifications, there do seem to be several general categories which may be useful from an educational perspective. They are :

Children who have trouble controlling their impulses

These are children whose activity levels are faster-paced than others. They're the children who seem to act first and think later. Although they may speak well, they seem to communicate best with large-muscle activities. Fidgety or in constant motion, their attention spans may be short. They often destroy things, pull apart group activities and fight with other children. They may seem more egocentric and unaware of the needs of others than most children their age. Unstructured time means a chance to run around wildly instead of doing something quietly constructive, such as painting or looking at pictures for example.

Children with worries that really get in the way

Worries or fears may get in the way of a child's participation in the program. He may cry when he arrives and have great difficulty letting his mother or father go. This child may also cry whenever afraid or mildly upset. If he does participate in an activity, he may do so in a preoccupied way. He relies greatly on order and routine, and may be inordinately upset by any change in the room or schedule. He also may be afraid of new people and situations.

Children who don't relate well to people

Children who have a hard time relating to people may display little or no reaction to other children, or even to their own parents. They may show more interest in objects than they do in people. Language development may be extremely delayed, or they may repeat some action such as rocking back and forth over and over again. They may use toys in strange ways or stare at something for hours on end.[13]

There is another group of children which often get overlooked, primarily because they rarely disrupt classroom activities. These are withdrawn and depressed children. Withdrawn children will often spend most of their time apart from the group. It is not so much that they enjoy being alone but rather that they seem to feel uncomfortable when people or activities are too close to them. Many withdrawn children often have a favorite spot in the classroom, usually away from the active areas in the room. Withdrawn children appear disinterested in and unaware of most of what goes on.

The numbers indicate that very few children are ever diagnosed as depressed; however, there are some young children who seem to be depressed. Their behavior is similiar to that of the withdrawn child, with one difference: they seem unhappy about something. It is not always clear such children or to others why they are so sad.[14]

One of the key questions which must be continuously asked by educators as they work with all children is; how are environmental events related to the maintenance of such behaviors and how can the environment be altered so that children develop more adaptive behaviors?[15]

In the age of primary prevention, interactional theory, and social systems, one cannot prepare a comprehensive presentation without a discussion about groups of children who run a special risk of incurring emotional problems, primarily because of circumstances in their environment. The first group represents areas of conflict/problems/circumstances which result from parental situations. They are: abused children, foster-home children, one-parent families, divorced parents, deserted children, orphaned children, parents in jail, children of chronically ill parents, children of parents with serious mental disease, including alcoholism.

The second group represents situational and/or transient crises which may or may not pose significant problems for the child. Some of the potentially stressful events are: direct impact on parent/indirect impact on the child: birth of a premature baby, diagnosis of a handicapped child, bereavement. Direct impact on both parent and child: hospitalization of child, child's entry into school. Direct impact on child/indirect impact on parents: birth of sibling, family move.[16]

The ability of the child to cope with a specific crisis will largely depend on how timely and how successfully the crisis is managed by the significant adults in his life. Lois Murphy feels that the educational system has a role in assisting the child in managing the crisis as well. She says that the first task is one of assessing the external and internal factors in the child's experience of stress and crisis and the child's capacities to deal with it. The next step involves finding ways to support the child's efforts towards mastery. This will include providing knowledge and insight where the child can use it, comfort in terms that can help him, support for mastery in his terms, compensatory gratifications that have value for him, opportunities

for discharge of tension, help in communicating his experience of stress, doses of challenge, reality testing and appreciation of his efforts to cope and progress in coping.[17]

It was not our attempt in this paper to provide specific strategies or even to discuss in depth any specific programming suggestions, other than the description of the preventive Child and Family Mental Health Project. We do hope that programming and planning for the emotional needs of all children will become a priority with focus and direction, and that we have stimulated thought in this direction.

It is our feeling, however, that even with innovative curriculums, the teacher still seems to bring so much to the material. Biber in discussing the role of the teacher suggested the following:

> It is assumed that the teacher-child relationship, through which learning in school is mediated, can contribute toward the maturing of positive feelings toward self and others, deepen the potential for interpersonal relatedness, and increase the flexibility of the adaptive process. 18

FOOTNOTES

[1] Robert White and Norman Watt. The Abnormal Personality. New York: Ronald Press Company, 1973, p.167.

[2] Ibid., p. 161.

[3] Wray Herbert. Emotions in the Lives of Children. National Institute of Mental Health. Mental Health Studies and Reports Branch. DHEW Publication No. (ADM) 78-644, 1978, p. 6.

[4] Ibid., p. 6.

[5] White and Watt, p. 168-69.

[6] Jane Kessler. Psychopathology of Childhood. Englewood, New Jersey: Prentice-Hall, Inc., 1966, p. 486.

[7] Ibid.

[8] Nancy Stone and Vicki Pendleton. Head Start Child and Family Mental Health Project: Operations Manual. Washington, D.C. : Planning and Human Systems, Inc., 1978 (Contract No. HEW 105-77-1059).

[9] Linda Randolph, Nancy Stone and Vicki Pendleton. The Child and Family Mental Health Project: Two Models for the Allocation of Mental Health Resources for Primary Prevention. Paper read at the Annual Meeting of American Association of Psychiatric Services for Children, 1979.

[10] Stone and Pendleton, p. 22.

[11] Nicholas Long, ed., Conflicts in the Classroom: The Education of Children with Problems. Belmont, California: Wadsworth Publishing Company, Inc., 1976, p.v.

[12] Frank Hewett and Steven Forness. Education of Exceptional Learners, Boston, Massachusetts: Allyn and Bacon, Inc., 1974, p.58.

[13] Sam Granto and Elizabeth Krone. Serving Children with Special Needs. U.S. Department of Health, Education and Welfare. Office of Child Development. DHEW Publication No. 72-42, 1973, p.55-57.

[14] Miriam Lasher, Ilse Mattich and Frances Perkins. Mainstreaming Preschoolers: Children with Emotional Distrubance. U.S. Department of Health, Education and Welfare. OHDS, ACYF, Head Start Bureau, 1978, p. 46-47.

[15] Hewett, p. 63.

[16] Kessler, p. 489.

[17] Ibid., p. 491.

[18] Ibid., p. 483.

MENTAL HEALTH CONSULTATION

IN THE HEAD START

CHILD AND FAMILY MENTAL HEALTH PROJECT

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In order to impact on development which occurs in the context of the classroom system, mental health consultation addresses the following:

TEACHER/CURRICULUM

Teacher understanding of and acceptance of her/his role in supporting emotional development

Availability of curriculum materials relating to emotional development in preschool children

Integration of the curriculum into classroom activities

TEACHER/AIDE RELATIONSHIPS/INTERACTIONS

The degree of match between the teacher's leadership style and working style of the aide

The degree of match between the philosophies and expectancies of the teacher and aide regarding teaching, child development, and child rearing

TEACHER/CHILD INTERACTIONS

Effectiveness of the teacher/aide in relating to a group of young children

Recognition by the teacher/aide of the different developmental levels at which the children are functioning

The effectiveness of the teacher/aide in helping the children to develop a range of behaviors and coping skills which can be expected to have positive consequences for them in school, home, and community environments

CHILD/CHILD INTERACTIONS

Awareness by children of the feelings of other children

Acceptance by children of other children who are perceived as different

In order to impact on development which occurs in the context of the family system, consultation is provided to staff leaders of "EXPLORING PARENTING" activities (or comparable parent group activities).

Additional consultation activities include the following:

Assistance is provided to staff in identifying factors which are contributing to classroom problems, and assistance is provided (through training and technical assistance) in dealing more effectively with them.

Crisis intervention is provided in the instance of sudden major problems relating to home or classroom environments.

In the instance of ongoing problems, staff or families have access to assistance in clarifying the options which are available to them in locating support systems/ counseling/ therapy